

**VERIFICATION OF COVERAGE
FOR INDIVIDUAL POLICIES**

Section One:

(To be completed by the Provider of Viatical Settlements or Producer of Viatical Settlements)

Insurance Company: _____ Name of Policyholder: _____

Policy Number: _____ Owner's Social Security Number: _____

Name of Insured: _____ Policyowner's Address: _____
(Street)

Insured's date of birth: _____
(City/State)

Please provide the information requested in Section Two (below) with regard to the policy identified above and in accordance with the attached authorization.

In addition, please provide the forms checked below which are available from your company to complete a viatical settlement transaction:

- ☐ Absolute Assignment/Change of Ownership/Viatical Assignment Form
- ☐ Change of Beneficiary
- ☐ Release of Irrevocable Beneficiary (if applicable)
- ☐ Waiver of Premium Claim Form
- ☐ Disability Waiver of Premium Approval Letter

Signature of representative of Provider of Viatical
Settlements or Producer of Viatical Settlements

Date

Full name and address of Provider of Viatical Settlements or Producer of Viatical Settlements

Section Two:

(To be completed by the life insurance company)

- 1) Face amount of policy: \$ _____
- 2) Original date of issue: _____ / _____ / _____ (Month/Date/Year)
- 3) Was face amount increased after original issue date? ☐ no ☐ yes
 - a) If yes, when: _____ / _____ / _____
- 4) Type of policy: _____ (Term/Whole Life/Universal Life/Variable Life)
- 5) Is policy participating? ☐ no ☐ yes
 - a) If yes, what is current dividend election? _____

- 6) Current net death benefit: _____ (Enter full amount payable, including any additional insurance, and/or dividends accumulated at interest, minus policy loans, outstanding interest on policy loans and/or accelerated death benefits paid)
- 7) a) Current cash value: \$ _____ (Enter full amount, including cash value of any additional insurance and/or dividends accumulated at interest, minus policy loans and outstanding interest on policy loans)
- b) Current surrender value: \$ _____
- 8) Terms of policy loans:
- a) Amount of policy loans: \$ _____
- b) Amount of outstanding interest on policy loan: \$ _____
- c) Current interest rate: _____
- 9) Has policy lapsed? ☐ no ☐ yes
- a) If yes, when did policy lapse? _____ / _____ / _____
- If policy has lapsed, is coverage continued under non-forfeiture option? ☐ no ☐ yes
- If yes, indicate which option, amount of coverage, duration, etc.: _____
- _____
- 10) Is policy in force? ☐ no ☐ yes
- a) If yes, has the policy been reinstated within the last two years? ☐ no ☐ yes
- If yes, date of reinstatement: _____ / _____ / _____
- 11) Amount of contract/scheduled premiums: \$ _____
- 12) Current premium mode: _____ (Monthly, semi-annually, etc.)
- a) When is next premium due? _____ / _____ / _____ (Month/Day/Year)
- 13) Does the policy include a disability premium waiver provision/rider? ☐ no ☐ yes
- a) If yes, are premiums currently being waived? ☐ no ☐ yes
- b) If yes, since when? _____ / _____ / _____
- c) How often is continued eligibility reviewed? _____
- d) When is next review? _____ / _____ / _____
- 14) Can payment of all or part of the death benefit be accelerated under this policy?
- ☐ no ☐ yes
- a) If yes, by what method is the benefit calculated, the lien method or the discount method?
- _____
- b) If lien method, what is the interest rate? _____
- c) Can any remaining death benefit be assigned? ☐ no ☐ yes
- 15) Has a claim for accelerated death benefit been submitted? ☐ no ☐ yes
- If yes, was payment made under this provision? ☐ no ☐ yes
- Amount paid: _____ Date paid: _____

16) Do current records show any assignments of record? ☐ no ☐ yes

17) Do current records show any outstanding liens or encumbrances of record?

☐ no ☐ yes

18) a) Please identify current primary beneficiaries: _____

b) Are they named irrevocably, or is owner otherwise limited in designation of new beneficiaries? ☐ no ☐ yes

19) Have any riders been added to this policy after issue? ☐ no ☐ yes

If yes, please identify: _____

20) If an ownership or beneficiary change or assignment were to be made on this policy, to whom would the completed forms be sent?

Name: _____ Title: _____

Company Name: _____ Department: _____

Address (No P.O. Box, please) _____

City: _____ State: _____ ZIP: _____

Telephone No: _____ Fax: _____

21) Based on the information provided, do you intend to pursue an investigation for fraud in the underlying insurance contract? ☐ no ☐ yes

The answers provided reflect information contained in the company's records as of:

_____/_____/_____(Month/Date/Year)

Signature: _____ Name: _____

Title: _____

Company: _____

Direct Telephone No: _____ Direct Fax No: _____